

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Mayday PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00562587		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>Buying Time, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>650 Massachusetts Ave NW</b> <b>Ste 210</b>			Amount <b>368887.95</b>		
City <b>Washington</b>		State <b>DC</b>	Zip Code <b>20001-3728</b>		Transaction ID : <b>VNV0C9QB099</b>
Purpose of Expenditure <b>TV Advertising Buy</b>		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 28 / 2014</b>	
Name of Federal Candidate <b>David Young</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			<input checked="" type="checkbox"/> House    District: <b>03</b> State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought			<b>728039.41</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Buying Time, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>		
Mailing Address <b>650 Massachusetts Ave NW</b> <b>Ste 210</b>			Amount <b>334134.00</b>		
City <b>Washington</b>		State <b>DC</b>	Zip Code <b>20001-3728</b>		Transaction ID : <b>VNV0C9QB0F6</b>
Purpose of Expenditure <b>TV Advertising Buy</b>		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 28 / 2014</b>	
Name of Federal Candidate <b>Paul Clements</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			<input checked="" type="checkbox"/> House    District: <b>06</b> State: <b>MI</b>		
Calendar Year-To-Date Per Election for Office Sought			<b>1879100.27</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>703021.95</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Mark McKinnon</i>			Date <b>10 / 29 / 2014</b> [Electronically Filed]		

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Mayday PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00562587       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>CD2 Consulting</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>	
Mailing Address 9 Miecaskly Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8500.00</div>	
City New Gloucester	State ME	Zip Code 04260-4669	<b>Transaction ID : VNV0C9QB073</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>
Purpose of Expenditure TV and Digital Ad Production Costs		Category/Type	
Name of Federal Candidate David Young		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: IA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">728039.41</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>David Perelman</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>	
Mailing Address 11 Plymouth Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">800.00</div>	
City Lexington	State MA	Zip Code 02421-5810	<b>Transaction ID : VNV0C9QB0M6</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 28 / 2014</div> </div>
Purpose of Expenditure Grassroots and Communication Services		Category/Type	
Name of Federal Candidate Paul Clements		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MI
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1879100.27</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9300.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mark McKinnon

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Date

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Signature

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**(Schedule E)**PAGE 3 OF 3  
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NAME OF COMMITTEE (In Full) <b>Mayday PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00562587	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Struble Eichenhaum Communications</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2014</b>	
Mailing Address <b>700 7th St SE</b>		Amount <b>14552.43</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003-2739</b>	Transaction ID : <b>VNV0C9QB0C3</b>
Purpose of Expenditure TV and Digital Ad Production Costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 28 / 2014</b>
Name of Federal Candidate <b>Paul Clements</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>06</b> State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <b>1879100.27</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>14552.43</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>726874.38</b>

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Mark McKinnon

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature